

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579587

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	3		3				54						
5	3		3				55						
6	3		3				56						
7							57						
8							58						
9							59						
10	3		1				60						
11	3		1				61						
12	/		/				62						
13	1		1				63						
14	2		1				64						
15	1		1				65						
16							66						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			11										
TOTAL DEP.		2											
TOTAL CLAIMS			13										